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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/858,192
Filing Date	May 14, 2001
First Named Inventor	HODGE, Winston W.
Art Unit	2611
Examiner Name	Koenig, Andrew Y
Attorney Docket Number	Coax 01.005

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number 00048008

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

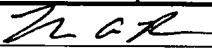
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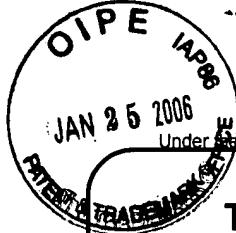
<input checked="" type="checkbox"/> Firm or Individual Name	Winston Hodge				
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City	Yorba Linda	State	CA	Zip	92887
Country	USA				
Telephone	714-692-1144			Email	winstonhodge@adelphia.net
Signature					
Name	Michael A. Kerr			Registration No.	42,722
Date	January 23, 2006			Telephone No.	775-841-3388

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	09/858,192
Filing Date	May 14, 2001
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Art Unit	2611
Examiner Name	Koenig, Andrew Y
Total Number of Pages in This Submission	2
Attorney Docket Number	Coax 01.005

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney of Record; Return Postcard
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<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Virtual Legal, P.C.		
Signature			
Printed name	Michael A. Kerr		
Date	January 23, 2006	Reg. No.	42,722

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Michael A. Kerr	Date	January 23, 2006

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